

**SCHOOL HEALTH ADVISORY BOARD (SHAB) ANNUAL REPORT FORM**  
**2006-07 SCHOOL YEAR**

**I. IDENTIFYING INFORMATION**

School Division:  
SHAB Chairperson:  
Address:

Telephone: (       )

Fax: (       )

Person Completing this Report:  
Address:

Date:

Telephone: (       )

Fax: (       )

E-Mail Address:

**II. STRUCTURE AND OPERATION OF YOUR SHAB**

**A. Membership**

Please identify the composition of your SHAB by marking the appropriate boxes with the **number of SHAB members in each category**. Count members in all appropriate categories; e.g., a member may be a "PTA representative" and a "Medical professional," and state the total number of individual members.

**Parent**

☐ Parent of a school aged child  
☐ Parent of a medically fragile child  
☐ PTA representative  
☐ Resource center representative

**Community Representative**

☐ Civic group  
☐ Religious group  
☐ Human services  
☐ Youth services

**Health Professional**

☐ Medical  
☐ Dentistry  
☐ Mental Health  
☐ Public Health  
☐ Other (specify) \_\_\_\_\_

**Educator**

☐ School Nurse  
☐ Health Teacher  
☐ Physical Education Teacher  
☐ Other Teacher  
☐ Administrator  
☐ Program supervisor  
☐ Counselor  
☐ Food Services  
☐ Other (specify) \_\_\_\_\_

**Student**

**Miscellaneous**

☐ Business  
☐ Government Official  
☐ Law Enforcement  
☐ Other (specify) \_\_\_\_\_

**Total number of members (unduplicated count):** \_\_\_\_\_

Does your School Health Advisory Board serve as the forum for leadership for multiple committees (e.g., part of PTA, Safe and Drug-Free School Committee, etc.)? YES ☐ NO ☐

If yes, explain:

Are there other boards in your school division that work on issues that might be relevant to your SHAB?

YES ☐ NO ☐

If yes, list:

## B. Meetings

How many general meetings did your SHAB hold this school year (excluding subcommittee meetings)?  
\_\_\_\_\_ meetings

How many subcommittee meetings did your SHAB hold this school year? \_\_\_\_\_ meetings

List subcommittees: \_\_\_\_\_

## C. Reports

How many reports did your SHAB make during this school year to:

(1) Your local school board? \_\_\_\_\_ Written reports \_\_\_\_\_ Oral reports

(2) Central office personnel? \_\_\_\_\_ Written reports \_\_\_\_\_ Oral reports

(3) Other groups?

(name) \_\_\_\_\_ Written reports \_\_\_\_\_ Oral reports

(name) \_\_\_\_\_ Written reports \_\_\_\_\_ Oral reports

## D. Operating Procedures

Does your SHAB have operating procedures/bylaws?

YES ☐ NO ☐

Have you made any changes to your operating procedures/bylaws for your SHAB in the past year?

YES ☐ (please attach a copy if revised in the past year)

NO ☐

### III. GOALS AND ACCOMPLISHMENTS

#### A. Goals

In the first column, check the goals that were identified by your SHAB for this school year. In the second column, check the goals that were accomplished.

	Identified Goals	Accomplished Goals
<b>Health Services</b>		
Increase school nursing staff	<input type="checkbox"/>	<input type="checkbox"/>
Develop/improve school health services	<input type="checkbox"/>	<input type="checkbox"/>
Develop/improve student wellness	<input type="checkbox"/>	<input type="checkbox"/>
Review procedures for student health screening, recordkeeping, and referrals	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health Education/Instruction</b>		
Review health education curriculum	<input type="checkbox"/>	<input type="checkbox"/>
Review health education assessment	<input type="checkbox"/>	<input type="checkbox"/>
Reduce teen pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Develop/revise Family Life Education Curriculum	<input type="checkbox"/>	<input type="checkbox"/>
Revise HIV Policy for School Attendance	<input type="checkbox"/>	<input type="checkbox"/>
Reduce drug, alcohol, and/or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
<b>Healthy Environment</b>		
Review emergency/crisis medical situations	<input type="checkbox"/>	<input type="checkbox"/>
Review school health policies	<input type="checkbox"/>	<input type="checkbox"/>
Review school safety procedures	<input type="checkbox"/>	<input type="checkbox"/>
<b>Physical Education</b>		
Review physical education curriculum	<input type="checkbox"/>	<input type="checkbox"/>
Review physical education assessment	<input type="checkbox"/>	<input type="checkbox"/>
Review availability of instructional resources	<input type="checkbox"/>	<input type="checkbox"/>
Increase student's physical activity	<input type="checkbox"/>	<input type="checkbox"/>
<b>Nutrition Services</b>		
Review school nutrition program procedures and offerings	<input type="checkbox"/>	<input type="checkbox"/>
<b>Counseling</b>		
Review psychological and social services for diagnosing special needs for students	<input type="checkbox"/>	<input type="checkbox"/>
Review counseling services for helping students set education and social goals	<input type="checkbox"/>	<input type="checkbox"/>
<b>Staff Wellness</b>		
Review staff wellness initiatives	<input type="checkbox"/>	<input type="checkbox"/>
<b>Parent/Community Involvement</b>		
Improve parent communication/education	<input type="checkbox"/>	<input type="checkbox"/>
Develop/maintain community partnerships	<input type="checkbox"/>	<input type="checkbox"/>

	Identified Goals	Accomplished Goals
<b>Other</b>		
Conduct a needs assessment/data collection	<input type="checkbox"/>	<input type="checkbox"/>
Please list topic(s): _____		
Improve operations of SHAB	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

## B. Successes

Please describe your SHAB's **two** greatest accomplishments this school year. What were your goals and what projects/activities were used to meet the identified goals? How many students did it impact? Who were your community partners? Add an additional sheet, if necessary.

Will you allow the Virginia Department of Education to post/share information about your successes on its Web site?   YES ☐           NO ☐

## IV. ADDITIONAL INFORMATION

Use this space to provide additional information about your SHAB that you feel is important to share.

Use this space to indicate whether you would like some assistance from the VDH or VDOE and the nature of the assistance needed.

# **SCHOOL HEALTH ADVISORY BOARD**

## **2007-2008 Point of Contact**

Below, please provide the name of the individual you wish to serve as the point of contact for your local School Health Advisory Board (SHAB) during the 2007-2008 school year. (In many localities, the SHAB chair or a school contact person serves this role.) Any resources or information relevant to SHABs will be distributed to this person.

Date Submitted:

School Division:

Name of "Point of Contact":

Position or Role on the SHAB:

### **Mailing**

Address:

Telephone (       )

Fax: (       )

E-Mail:

**Please return this form along with the Local Wellness Policy Report Form by July 1, 2007 (via e-mail or regular mail) to:**

Caroline Fuller  
Comprehensive School Health Specialist  
Virginia Department of Education  
P.O. Box 2120  
Richmond, VA 23218-2120  
Phone: 804-225-2431  
E-mail: [Caroline.Fuller@doe.virginia.gov](mailto:Caroline.Fuller@doe.virginia.gov)

**Questions may be addressed to Caroline Fuller at the phone number or e-mail address above.**

## **Local Wellness Policy Status Report Form 2006-2007**

### **CURRENT CONTACT INFORMATION**

School Division:

Person Completing this Report:

Title:

Address:

Telephone: (        )

Fax: (        )

E-Mail Address:

**Section 204 of the 2004 Child Nutrition & WIC Reauthorization Act (Public Law 108-265) required all school divisions develop a local wellness policy by July 1, 2006. This status report is designed to gather data on the implementation, evaluation and revision of the local wellness policy during the 2006-2007 school year and plans for the 2007-2008 school year.**

*Please complete the following questions in order to report on the status of your school division's required local wellness policy.*

**1. Has the final policy been adopted by the school board?**

- ☐ Yes      **Date of Adoption**  
☐ No

**2. Is the committee responsible for the development and implementation of the local wellness policy still active?**

- ☐ Yes  
☐ No

**3. Please provide contact information for the chair of the committee responsible for the local wellness policy in your school division:**

**Name of Committee:**

**Name of Chairperson:**

**Mailing Address:**

**Telephone Number:**

**E-mail Address:**

**4. Which of the following nutrition education goals are included in your local wellness policy?**

**Check all that apply.**

- ☐ Students in grades preK-12 receive nutrition education that is interactive and teaches the skills they need to adopt healthy eating behaviors.
- ☐ Nutrition education is offered in the school dining room as well as in the classroom, with coordination between the food service staff and teachers.
- ☐ Students receive consistent nutrition messages throughout schools, classrooms, cafeterias, homes, community, and media.
- ☐ District health education curriculum standards and guidelines include nutrition education.
- ☐ Nutrition is integrated into the health education and core curricula (e.g., mathematics, science, language arts).
- ☐ Schools link nutrition education activities with the coordinated school health program.
- ☐ Staff who provide nutrition education have appropriate training.

- ☐ Schools are enrolled as Team Nutrition Schools, and they conduct nutrition education activities and promotions that involve parents, students, and the community.
- ☐ Other, please explain

**5. Does the school division plan to revise the nutrition education goals for the 2007-2008 school year?**

- ☐ Yes, please explain
- ☐ No

**6. Which of the following physical activity goals are included in your local wellness policy? Check all that apply.**

- ☐ Students are given opportunities for physical activity during the school day through physical education (PE) classes, daily recess periods for elementary school students, and the integration of physical activity into the academic curriculum.
- ☐ Students are given opportunities for physical activity through a range of before- and/or after-school programs including, but not limited to, intramurals, interscholastic athletics, and physical activity clubs.
- ☐ Schools work with the community to create ways for students to walk, bike, rollerblade or skateboard safely to and from school.
- ☐ Schools encourage parents and guardians to support their children's participation in physical activity, to be physically active role models, and to include physical activity in family events.
- ☐ Schools provide training to enable teachers and other school staff to promote enjoyable, lifelong physical activity among students.
- ☐ Other, please explain

**7. Does the school division plan to revise the physical education goals for the 2007-2008 school year?**

- ☐ Yes, please explain
- ☐ No

**8. Which of the following guidelines for the nutritional value of foods and beverages sold or offered in the school environment; including standards for the amount of fats and sugars; for moderate portion sizes; and for maximum nutritional value, are included in the local wellness policy?**

**Check all that apply.**

- ☐ The school district sets guidelines for foods and beverages sold á la carte in the food service program on school campuses.
- ☐ The school district sets guidelines for foods and beverages sold in vending machines, snack bars, school stores, and concession stands on school campuses.
- ☐ The school district sets guidelines for foods and beverages sold as part of school-sponsored fundraising activities.
- ☐ The school district sets guidelines for refreshments served at parties, celebrations, and meetings, or offered as rewards, during the school day.
- ☐ Other, please explain

**9. Does the school division plan to revise the guidelines for the nutritional value of foods and beverages sold or offered in the school environment for the 2007-2008 school year?**

- ☐ Yes, please explain
- ☐ No

**10. Which of the following school-based activities to promote student wellness are included in your local wellness policy? Check all that apply.**

- ☐ The school district provides a clean, safe, enjoyable meal environment for students.
- ☐ The school district provides enough space to ensure all students have access to school meals with minimum wait time.
- ☐ The school district makes drinking fountains available in all schools, so that students can get water at meals and throughout the day.
- ☐ The school district encourages all students to participate in school meal programs and protects the identity of students who are eligible for free and reduced price meals.
- ☐ The school district schedules lunch time as near the middle of the school day as possible.
- ☐ The school district schedules recess for elementary schools before lunch so that children will come to lunch less distracted and ready to eat.
- ☐ The school district prohibits the use of food as a reward or punishment in schools.
- ☐ The school district does not deny student participation in recess or other physical activity as a form of discipline or for classroom make-up time.
- ☐ The school district provides opportunities for ongoing professional training and development for food service staff and teachers in the areas of nutrition and physical education.
- ☐ The school district makes efforts to keep school- or district-owned physical activity facilities open for use by students outside school hours.
- ☐ The school district encourages and provides opportunities for students, teachers, and community volunteers to practice healthy eating and serve as role models in school dining areas.
- ☐ Other, please explain

**11. Does the school division plan to revise the school-based activities to promote student wellness included in the policy for the 2007-2008 school year?**

- ☐ Yes, please explain
- ☐ No

**12. Which of the following measurement and evaluation goals are included in your local wellness policy? Check all that apply.**

- ☐ Surveys of students, staff, parents, and/or administrators will be conducted.
- ☐ Observation of practices, such as dietary and physical activity patterns, is implemented.
- ☐ Evaluation of progress will be conducted using baseline data from original assessments.
- ☐ Implementation of policy milestones will be documented.
- ☐ Schools are encouraged and/or required to use the Governor's Scorecard for Nutrition and Physical Activity to measure progress in implementing the local wellness policy.
- ☐ The policy development committee will report implementation status to the superintendent and/or school board.
- ☐ Other, please explain

**13. Has the school division conducted an evaluation of the local wellness policy implementation?**

- ☐ Yes, please explain
- ☐ No

**14. Will the results of this evaluation be used to revise the local wellness policy for the 2007-2008 school year?**

- ☐ Yes, please explain
- ☐ No



**15. Please share the most significant impact of the local wellness policy in your school division during the 2006-2007 school year.**

**16. Please share one opportunity for improvement of the local wellness policy in your school division for the 2007-2008 school year.**

**17. Please identify any resources or technical assistance needed to implement the local wellness policy in your school division for the 2007-2008 school year.**

**Questions about this specific Local Wellness Policy Report Form may be addressed to Lynne Fellin, acting director, or the assigned school nutrition program specialist at (804) 225-2074.**

**PLEASE SUBMIT A COPY OF THE ADOPTED LOCAL WELLNESS POLICY, including any revisions, ALONG WITH THIS STATUS REPORT.**

**Please return this form along with the School Health Advisory Board Report Form by July 1, 2007 (via e-mail or regular mail) to:**

Caroline Fuller  
Comprehensive School Health Specialist  
Virginia Department of Education  
P.O. Box 2120  
Richmond, VA 23218-2120  
Phone: 804-225-2431  
E-mail: [Caroline.Fuller@doe.virginia.gov](mailto:Caroline.Fuller@doe.virginia.gov)

**Questions about the implementation, evaluation and revision of the local wellness policy during the 2007-2008 school year may be addressed to Lynne Fellin, acting director, or the assigned school nutrition program specialist at (804) 225-2074.**